



## Association of Connecticut Ambulance Providers

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### **Testimony of Greg Allard, President**

H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR  
THE BIENNIUM ENDING JUNE 30, 2023.

### **Dept. of Public Health, RE: Mobile Integrated Healthcare**

Appropriations Health Subcommittee- February 24, 2022

Senator Osten, Representative Walker, Senator Miner, Representative France, and distinguished members of the Appropriations Committee, my name is Greg Allard, I am the President of the Association of Connecticut Ambulance Providers, Immediate Past President of the Connecticut Emergency Medical Services (EMS) Advisory Board and Vice President of American Ambulance Services in Norwich.

On behalf of the Association of Connecticut Ambulance Providers, I wanted to let you know that we are disappointed in the fact that the Administration has not found the funds for Mobile Integrated Healthcare (MIH), an EMS initiative, as passed by the legislature in Public Act 19-118.

As part of the legislation, it stated that “[o]n or after January 1, 2020, within available appropriations, the commissioner may authorize an emergency medical services organization that furnishes evidence satisfactory to the commissioner that such organization has met the requirements of this section to establish a mobile integrated health care program under the provisions of such organization's current license or certification.”

At the time, many called this initiative one of the greatest opportunities to provide accessible healthcare resources all the while reducing overall costs to the healthcare system. Despite this, the Department of Public Health did not prioritize the MIH concept and related position. MIH could have been a very useful tool during the pandemic.

For instance, an MIH program could have checked on recently recovered COVID patients, conducted home testing and/or vaccinations, addressed high utilizers or redirected appropriate patients away from the overburdened emergency rooms during the pandemic. EMS is a “mobile” healthcare profession and MIH program possibilities will only help our states population not hinder it.



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The reality is that “Mobile Integrated Health” type programs across the state are being run by non-EMS organizations without the same oversight that EMS organizations will incur. EMS organizations all have a Sponsor Hospital or Medical Control that includes oversight by a Physician and statewide medical guidelines they are required to follow. Like any other medical profession, all our medical interactions and interventions are documented. Quality Assurance also plays an important role as does automated emergency patient outcome feedback.

Nationally, Connecticut continues to lag behind other states on this proven option. Today, hundreds of EMS organizations across the nation, of all sizes and types are partnering with hospitals, primary care physicians, nurses and mental health and social services providers on innovative programs that navigate patients to the right level of care.

We would encourage the legislature to follow up on Public Act 19- 118 and fully fund the position that can make Mobile Integrated Healthcare a reality in this state. IN the event that the funding is not looking favorable our last minute request would be to eliminate the fiscal tie by removing the underscored language above. Thank you.

Respectfully submitted,

Gregory B. Allard, President  
Association of CT Ambulance Providers